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<b>SERIAL NUMBER</b> 10/806,314	<b>FILING OR 371(c) DATE</b> 03/23/2004  <b>RULE</b>	<b>CLASS</b> 204	<b>GROUP ART UNIT</b> 1795	<b>ATTORNEY DOCKET NO.</b> 033171-2						
<b>APPLICANTS</b> Stefan Kading, Zerrenthin, GERMANY;										
<b>** CONTINUING DATA *****</b> <div style="text-align: center; margin-top: 10px;">none KB</div>										
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center; margin-top: 10px;">none KO</div>										
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/05/2004</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after            met            Verified and Acknowledged  <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">               Examiner's Signature           </div> <div style="text-align: center;">             Initials           </div> </div> </td> <td style="width: 15%; padding: 5px; text-align: center;"> <b>STATE OR COUNTRY</b>            GERMANY         </td> <td style="width: 15%; padding: 5px; text-align: center;"> <b>SHEETS DRAWING</b>            1         </td> <td style="width: 15%; padding: 5px; text-align: center;"> <b>TOTAL CLAIMS</b>            24         </td> <td style="width: 10%; padding: 5px; text-align: center;"> <b>INDEPENDENT CLAIMS</b>            3         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">               Examiner's Signature           </div> <div style="text-align: center;">             Initials           </div> </div>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3	
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<b>ADDRESS</b> 25570										
<b>TITLE</b> Gas sensor and process for producing a gas sensor										
<b>FILING FEE RECEIVED</b> 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>			<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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